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Licata & Tyrrell P.C.
66 E. Main Street
Marlton, New Jersey

Tel: (856) 810-1515
Fax: (856) 810-1454

October 29, 2003

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TO: Examiner Witz (TC1600)

GROUP: 1651

FAX NUMBER: 703-872-9307

ATTORNEY DOCKET NO.: DRE-0032

SERIAL NO.: 09/895,674

FILED: June 28, 2001

NUMBER OF PAGES:

MESSAGE: Attached please find Amendment Transmittal Letter (in duplicate); Amendment in response to Office Action dated July 29, 2003; and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Fertala and Ko

Docket No.

DRE-0032

Serial No.

09/895,674

Filing Date

June 28, 2001

Examiner

Witz, Jean C.

Group Art Unit

1651

Invention: Collagen or Collagen-like Peptide Containing Polymeric Matrices

I hereby certify that this

Reply under 37 CFR 1.116

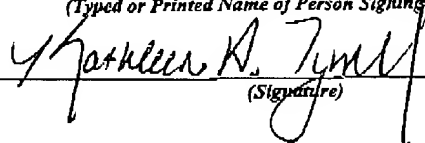
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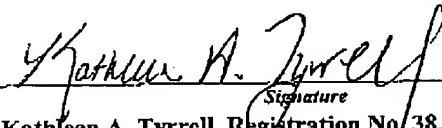
(Date)

Kathleen A. Tyrrell

(Typed or Printed Name of Person Signing Certificate)


(Signature)

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. DRE-0032	
Applicant(s): Fertal and K					
Serial No. 09/895,674	Filing Date June 28, 2001	Examiner Witz, Jean C.	Group Art Unit 1651		
Invention: Collagen or Collagen-like Peptide Containing Polymeric Matrices					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature Kathleen A. Tyrrell, Registration No. 38,350			Dated: October 29, 2003		
LICATA & TYRRELL P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					